PTO/SB/17 (09-11) Approved for use through 01/31/2014. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number								
				Complete if Known				
FEE TRANSMITTAL			App	Application Number		10/594,907		
			Filir	Filing Date		August 7, 2008		
*			Firs	t Named Inv	entor	Takeshi SAKAN	10TO	
			Exa	miner Name		M. Jung		
Applicant claims small entity status. See 37 CFR 1.27			Art	Art Unit		2895		
TOTAL AMOUNT OF PAYMENT (\$) 180.00			Atto	Attorney Docket No.		046884-5519-00-US-232060		
METHOD OF PAYMENT (check all that apply)								
Check X Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 50-0573 Deposit Account Name: Drinker Biddle & Reath LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated be	low		Charge	e fee(s) ind	dicated below, exc	ept for the filing fee	
x Charge any additional fee(s) or underpayments of x Credit any overpayments								
fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARC	•			2.102071124112411				
		G FEES	SEARC		EXAMIN	NATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$) F	ee (\$)	mall Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	380		620	310	250	125		
Design	250	125	120	60	16 0	80		
Plant	250	125	380	190	200	100		
Reissue	380	190	620	310	750	375		
Provisional	250	125	0	0	0	0		
2. EXCESS CLAIM FEES							Small Entity	
Fee Description Fee (\$)								
Each claim over 20 (including Reissues)						60	30	
Each independent claim over 3 (including Reissues)						250	125	
Multiple dependent claims					450	225		
	ctra Claims		Fee Pa	Fee Paid (\$)		Multiple Dependent Claims		
- or HP = HP = highest number of total cla		reater than 20			<u>F.</u>	<u>ee (\$)</u> <u>F</u> €	ee Paid (\$)	
•	ktra Claims		Fee Pa	id (\$)				
- or HP =	х							
HP = highest number of indepe	ndent claims paid	I for, if greater than 3.						
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$310 (\$155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
	xtra Sheets			nal 50 or frac			Fee Paid (\$)	
- 100 =		/50 =	(roun	d up to a who	le number)	x =		
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)								
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00								
SUBMITTED BY								
Signature	MAT			tration No.	33,818	Telephone	202.842.8886	
	Consith		(Attorr	ney/Agent)	,	<u> </u>		
Name (Print/Type) John G.	SMITH					Date De	ecember 22, 2011	